

**\*TENTATIVE\***  
**SUBJECT TO CHANGE PENDING CMS APPROVAL  
AND ADOPTION OF NEW REGULATIONS**

**Private Duty Nursing  
Provider Type 18**

**Information about the program:**

- Provider must contact OIG for survey.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Private Duty Nursing License
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40601
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**\*TENTATIVE\***  
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**Behavior Health Multi-Specialty Group**

**Provider Type 66**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- MAP-347 for all behavioral health providers within the group. (Individual provider number **must** be active in order to join a group.)
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**\*TENTATIVE\***  
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**Speech-Language Pathologist  
Provider Type 79**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Speech-Language Pathologist must sign all forms.
- Provider must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- Speech-Language Pathologist license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/> ).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- Kentucky Board of Speech-Language Pathology & Audiology  
911 Leawood Drive  
Frankfort, KY 40601
- Kentucky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

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**Speech-Language Pathologist Group  
Provider Type 799**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Speech-Language Pathologists within the group. (Individual provider number **must** be active in order to join a group.)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**\*TENTATIVE\***  
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**Licensed Professional Clinical Counselor  
Provider Type 81**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Professional Clinical Counselor must sign all forms.
- Provider must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- Professional Clinical Counselor license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/> ).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- Kentucky Board of Licensed Professional Counselors  
911 Leawood Drive  
Frankfort, KY 40601
- Kentucky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

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**Licensed Professional Clinical Counselor Group  
Provider Type 819**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all licensed Professional Clinical Counselors within the group.  
(Individual provider number **must** be active in order to join a group.)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**\*TENTATIVE\***  
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**Licensed Marriage and Family Therapist  
Provider Type 83**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Marriage and Family Therapist must sign all forms.
- Provider must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- Marriage and Family Therapist license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/> ).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- Kentucky Board of License for Marriage and Family Therapists  
911 Leawood Drive  
Frankfort, KY 40601
- Kentucky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**\*TENTATIVE\***  
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**Licensed Marriage and Family Therapist Group  
Provider Type 839**

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- MAP-347 for all licensed Marriage and Family Therapists within the group. (Individual provider number **must** be active in order to join a group.)
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602



**\*TENTATIVE\***  
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**Licensed Psychological Practitioner  
Provider Type 84**

**\*Certified Psychologist with Autonomous Functioning (CPAF) will be permitted to enroll under this provider type.**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Licensed Psychological Practitioner must sign all forms.
- Provider must have “bricks & mortar”.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 (if working in a group setting)
- Psychological Practitioner or CPAF license (current and reflecting requested enrollment date)
- Copy of social security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/> ).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- Kentucky Board of Examiners of Psychology  
911 Leawood Drive  
Frankfort, KY 40601
- Kentucky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**\*TENTATIVE\***  
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**Licensed Psychological Practitioner Group  
Provider Type 849**

**\*Certified Psychologist with Autonomous Functioning (CPAF)** will be permitted to enroll under this provider type.

**Information about the program:**

- Provider must be an entity.
- Out-of-state providers may enroll.

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- MAP-347 for all licensed Psychological Practitioners or CPAF providers within the group. (Individual provider number **must** be active in order to join a group.)
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602